



Maricopa County Animal Care & Control

Licensing Division
P.O. Box 2959
Phoenix, AZ 85062
(602) 506-7387
pets.maricopa.gov

PET LICENSE APPLICATION

In Maricopa County all dogs over the age of three months are required by law to be licensed and vaccinated against rabies. Application for license must be made within 15 days of vaccination. Residents new to Maricopa County and new dog owners must purchase a dog license within 30 days. ***The term of the license is based on the month and day of the most current rabies vaccination record and is valid for no more than one calendar year.***

LICENSE FEES

Spay/Neutered Dog \$12.00
Non-Sterile Dog \$40.00
Senior Citizen age 65 or older; Spay/Neutered dog - limit
2 dogs per household (see bottom of application)* \$6.00
Spayed/Neutered Cat \$5.00
Non-Sterile Cat \$10.00

Cat licensing is voluntary

PENALTY FEES

(Applies to Dogs Only)

One day, but less than one year late \$3.00
One year, but less than two years late \$13.00
Two or more years late \$23.00

To obtain your license mail this **application**, a **copy of the rabies vaccination certificate** (*Note: receipts for vaccination are not acceptable for proof of vaccination and will delay the license application process*), and your **check made payable to Animal Care & Control** to: **Animal Care & Control, P.O. Box 2959, Phoenix, AZ 85062-2959**

OWNER INFORMATION

Last Name: _____ First Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Home Phone #: () _____ Message Phone #: () _____

PET INFORMATION

Pet Name: _____ Check One: ☐ Dog ☐ Cat
Breed: _____
Sex (Check One): ☐ Neutered* ☐ Spayed* ☐ Non-Sterile Male ☐ Non-Sterile Female
*see bottom of application
Color: _____ Age: _____ Microchip Number: _____
Prior License Number (The tag your pet has now): _____

(Note: If you are renewing your pet's license,
please use your pre-printed renewal form to prevent delays in your application.)

License Fee:\$ _____

Penalty Fee
(If applicable):\$ _____

I would like to give
a voluntary donation of\$ _____
to save more pets lives

TOTAL ENCLOSED:....\$ _____

*Must be completed for Senior Citizen Spay/Neutered Dog or Spayed/Neutered discount fee. Check box(s) that apply:
I swear or affirm under penalty of perjury that ☐ I am 65 years of age or older and/or ☐ that the pet referenced in this document is
sterilized and that I am the owner of the pet referenced in this document.

Signature